

## 13. Primary Care Task Force Oversight Committee Annual Report 2015

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**Primary Care Task Force Webpage:** <http://doh.sd.gov/primarycare/>



## **Governor Daugaard's Primary Care Task Force Oversight Committee**

**Annual Report – November 2015**

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## EXECUTIVE SUMMARY

The healthcare workforce is a priority and a challenge in South Dakota. The need for physicians and other health professionals will only increase as the state's population ages and there are more people with chronic health conditions.

To address this challenge, Governor Dennis Daugaard appointed a Primary Care Task Force in 2012 to consider and make recommendations to ensure accessibility to primary care (i.e., family medicine, general medicine, internal medicine, OB/GYN, and pediatrics) for all South Dakotans – particularly those in rural areas of the state. Recommendations were developed around five specific areas: (1) capacity of healthcare educational programs; (2) quality rural health experiences; (3) recruitment and retention; (4) innovative primary care models; and (5) accountability and oversight. One of the key recommendations was the establishment of an Oversight Committee to monitor implementation of the Task Force recommendations and provide an annual report to the Governor, Board of Regents, and Legislature on progress.

The 2015 Primary Care Task Force Oversight Committee Annual Report highlights activities and accomplishments over the past year. Key metrics have been highlighted within several of the recommendation areas to show progress while information for all metrics is provided in the Appendix.

## Key Highlights

- ❖ *Rural Experiences for Health Professions Students (REHPS)* – REHPS provides first and second year medical, physician assistant (PA), nurse practitioner (NP), and pharmacy students with experience in a rural setting with the ultimate goal of

## Oversight Committee Members

Kim Malsam-Rysdon, Chair, Secretary of Health/Governor's Office

Robert Allison, MD, SD State Medical Association, Pierre

Senator Corey Brown, District 23, Gettysburg

Sandy Diegel, President & CEO, John T. Vucurevich Foundation, Rapid City

Mary Nettleman, MD, Dean, USD Sanford School of Medicine

Michael Rush, Ed.D., Executive Director, SD Board of Regents

Senator Billie Sutton, District 21, Burke

Gale Walker, CEO, Avera St. Benedict's Healthcare Center, Parkston

increasing the number of medical professionals who practice in rural and frontier communities in South Dakota. The FY 16 budget included \$218,540 to the Department of Health (DOH) for REHPS including \$70,000 to strengthen the program and encourage continued student participation. Enhancements included: (1) increasing the per student stipend from \$2,500 to \$4,000; (2) expanding the number of student slots from 24 to 30; and (3) expanding the program to include clinical psychology, masters of social work, and medical laboratory science.

- ❖ **USD Sanford School of Medicine (SSOM) Expansion** – The Fall 2015 SSOM class included 11 additional students, the first year of the expansion authorized in the FY 15 budget. Full implementation of the expansion will be completed with the Fall 2018 class. Once full expansion is achieved, South Dakota will have 60 more medical students being trained in the state.
- ❖ **Frontier and Rural Medicine (FARM) Program** – FARM is a rural training track program that provides third year medical students with a nine-month clinical training in a rural community with the ultimate goal of increasing the number of primary care physicians practicing in rural South Dakota. Three additional FARM sites were added – Vermillion (starting February 2016), Pierre (starting February 2017) and Spearfish (starting February 2017).
- ❖ **Recruitment Programs** – Improving access to rural health care is a key component of Governor Daugaard’s South Dakota Workforce Initiatives (SD WINS). Two key programs of SD WINS are the Rural Healthcare Facility Recruitment Assistance Program (RHFRAP) and the Recruitment Assistance Program. Both programs are designed to help small, rural communities (less than 10,000 population) that do not have as many resources as larger communities. In 2015, all 60 RHFRAP slots were filled. For the Recruitment Assistance Program, 9 of 15 physician slots and all 15 PA/NP slots (5 PA and 10 NP) are under contract in FY 15.
- ❖ **Interstate Medical Licensure Compact** – SB 63 passed during the 2015 legislative session to allow for South Dakota’s participation in the Interstate Medical Licensure Compact. Participation in the compact will remove a barrier to the use of telemedicine by providing an expedited pathway for licensure for those physicians who currently meet South Dakota licensure standards.

In addition, during 2015 the Oversight Committee studied the feasibility of developing a rural family medicine training track in South Dakota. The Oversight Committee worked with the two family medicine residency programs in the state to assess the feasibility of potential sites. Based on this work, the Oversight Committee supported moving forward with Pierre as the potential rural residency track site and the inclusion of \$205,000 in the DOH’s FY 17 budget request for one-time start-up funds for a rural residency track.

More detailed information about the work of the original Primary Care Task Force as well as the Primary Care Oversight Committee can be found at <http://doh.sd.gov/PrimaryCare/>.

## Capacity of Healthcare Education Programs

In order to make sure there are enough primary care providers to meet future healthcare needs, all aspects of primary care education programs need to be examined. There needs to be an adequate number of healthcare students getting in the pipeline and training/education programs must have the capacity to prepare additional primary care providers.



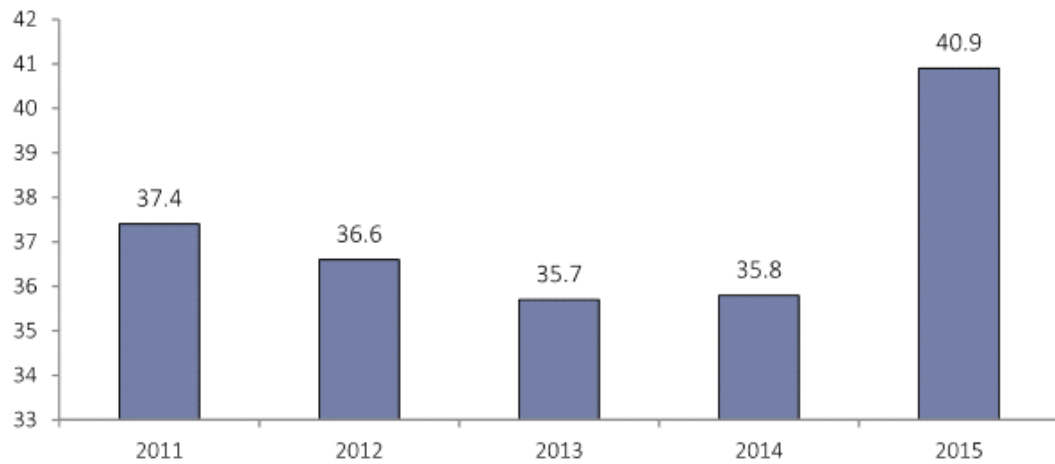
### Recommendations:

- ❖ Coordinate physician, PA, and NP preceptor opportunities and other non-monetary incentives for South Dakota providers serving as preceptors.
- ❖ Develop further primary care residencies for South Dakota.
- ❖ Lead development of interprofessional education for healthcare students in South Dakota.

Activity	Status
Expand the SSOM class size	Completed. Starting with the Fall 2015 class, the SSOM will expand by an additional 11 students per year (44 students total). Full expansion will be achieved with the Fall 2018 class.
Provide payments to South Dakota providers serving as preceptors for PA and NP students	There was a 27% increase in the number of rotations with South Dakota PA preceptors from FY 14 to FY 15. The number of NP preceptors in South Dakota increased from 163 in the 2013-14 school year to 199 in the 2014-15 school year.
Provide non-monetary incentives to South Dakota providers serving as physician/PA/NP preceptors	During the 2014-15 school year, incentives included access to electronic library, faculty appointment, access to faculty development programs, and thank you notes from students to preceptors.
Encourage SSOM students to enter South Dakota-based primary care residency programs	Of the 53 SSOM students in the 2015 class, 26 students will enter primary care residencies and 12 will be in South Dakota residencies. All of South Dakota residencies filled.
Study feasibility of adding a rural family medicine residency track or program in South Dakota	Directors of the Sioux Falls and Rapid City family medicine residency programs met with potential rural residency track sites to assess site feasibility. Pierre was identified as the most feasible site. The DOH FY 17 budget request includes \$205,000 for one-time start-up funds for a rural residency track.
Monitor status of nursing education and demand for nurses in South Dakota	The DOH conducted a survey of nursing facilities and hospitals regarding nursing workforce needs and challenges. Lack of available nursing workforce in the community and lack of nursing staff to work all shifts was the biggest barrier identified by facilities.

### Key Metrics

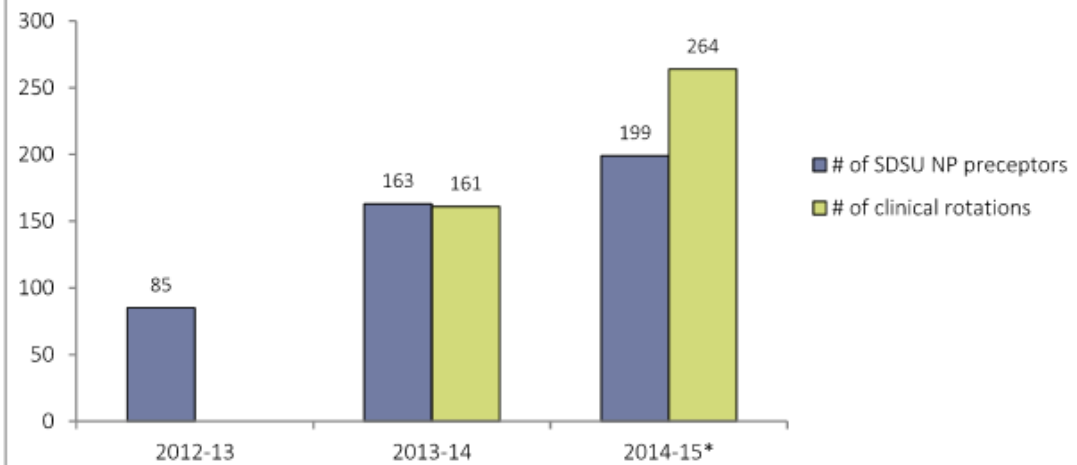
**Percent of SSOM alumni who graduated 10-15 years prior and are now established in practice in South Dakota**



**South Dakota Physician Assistant Preceptors**



### South Dakota Nurse Practitioner Preceptors



Clinical rotation numbers not available for 2012-13. 2014-15 data represents preceptors used in the Summer 2014, Fall 2014, and Spring 2015 for Sioux Falls and Rapid City students.

## Quality Rural Health Experiences

Because students are more likely to return to a community where they had a positive experience, it is important to provide opportunities for healthcare students to experience living and practicing in a rural community during training. While there are numerous programs designed to provide these experiences, the recommendations focus on better coordination of the experiences for both students and communities.



### Recommendations:

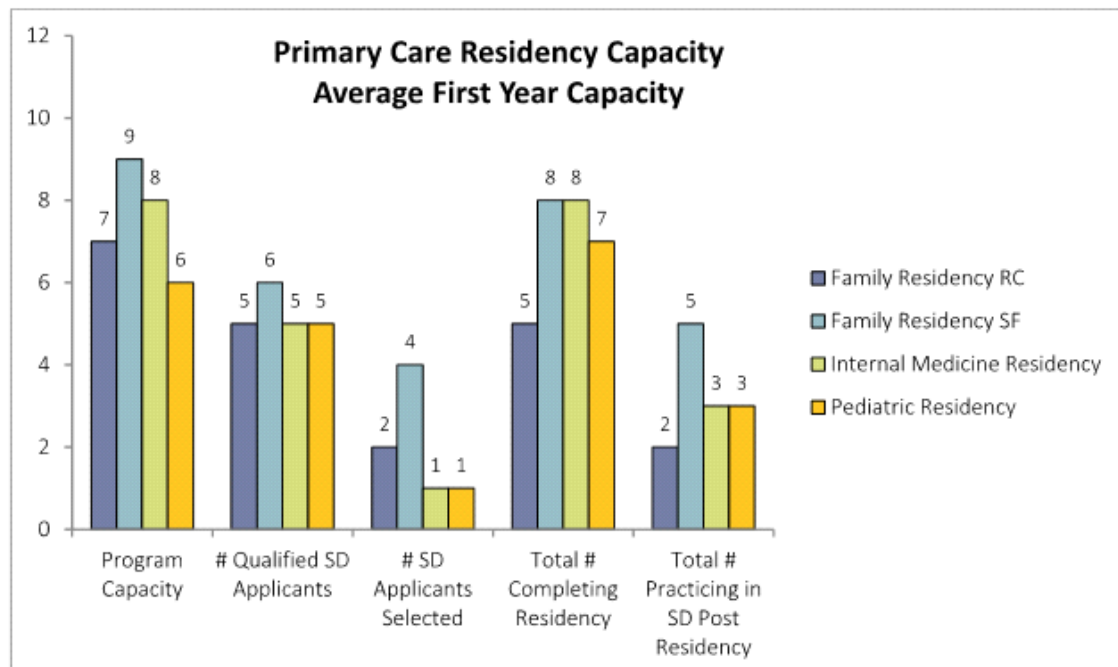
- ❖ Develop clearinghouse in the DOH Office of Rural Health (ORH) of rural health experiences for students, facilities, and communities.
- ❖ Expand and enhance opportunities for medical/PA/NP students and residents to gain exposure to medical practice in rural communities and reservation areas through the REHPS, FARM and other programs.

Activity	Status
Pilot <i>myclinicaexchange.com</i> to match healthcare professional students to healthcare facilities that have the capacity to accept clinical students	Pilot began in January 2015 with Avera and Sanford with NP and PA students registering and being matched to a facility for their clinical rotation. <i>myclinicaexchange</i> will be evaluated throughout the pilot period. The SDSU NP program is participating in the pilot for its NP students.
Second class of six students started their FARM rotation on February 9, 2015 in the communities of Milbank, Mobridge, Parkston, Platte, and Winner (2 students)	The first class of FARM students completed their rotation and returned to Sioux Falls and Rapid City campuses in March 2015 and will match to residency programs in March 2016. The third class of FARM students will begin rotations in February 2016.
Identify three additional FARM communities to support FARM expansion from 6 to 8 students in conjunction with SSOM class expansion	Vermillion, Pierre, and Spearfish selected as FARM sites. Vermillion will be added in February 2016 with Pierre and Spearfish starting in February 2017.
Enhance REHPS by increasing the student stipend from \$2,500 to \$4,000/student, expanding the number of students from 24 to 30 and expanding disciplines to include clinical psychology, masters of social work, and medical laboratory science	FY 16 approved budget included \$218,540 to the DOH to continue and enhance REHPS. Thirty students were placed in 15 rural/ frontier communities in FY 16. There were 48 applicants for the 30 slots. Students represented 7 disciplines (pharmacy – 11, medical – 7, PA – 5, clinical psychology – 2, social work – 2, med lab science – 2, and NP – 1). Community sites included Bowdle, Canton, Chamberlain, Custer, Hot Springs, Miller, Parkston, Philip, Platte, Redfield, Sisseton, Sturgis, Wagner, Webster, and Winner.

### Key Metrics

#### Participation in Rural Experiences for Health Professions Students (REHPS) Program (# of Students)

Community	2011	2012	2013	2014	2015	Total
Bowdle				2	2	4
Canton					2	2
Chamberlain					2	2
Custer			2	2	2	6
Hot Springs					2	2
Miller			2	2	2	6
Parkston	2	2	2	2	2	10
Philip		2		2	2	6
Platte			2	1	2	5
Redfield	2	2	2	2	2	10
Sisseton			2		2	4
Sisseton/Britton				2		2
Sturgis					2	2
Wagner		2	2	2	2	8
Webster				2	2	4
Wessington Springs	2	2	2			6
Winner		2	2	2	2	8
<b>TOTAL</b>	<b>6</b>	<b>12</b>	<b>18</b>	<b>21</b>	<b>30</b>	<b>87</b>

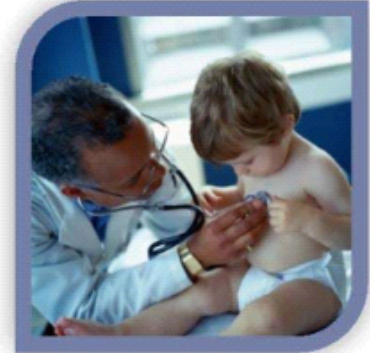


\*Data for Family Medicine and Internal Medicine Residencies are based on a 10-year average (2005-2006 to 2014-2015). Data for the Pediatric Residency Program are based on a 4-year average (2011-2012 to 2014-2015).

## Recruitment and Retention

South Dakota has well-established programs designed to recruit primary care providers to rural areas.

Recommendations recognize the need to coordinate these efforts to encourage healthcare students and professionals to remain in, or return to, South Dakota to practice.



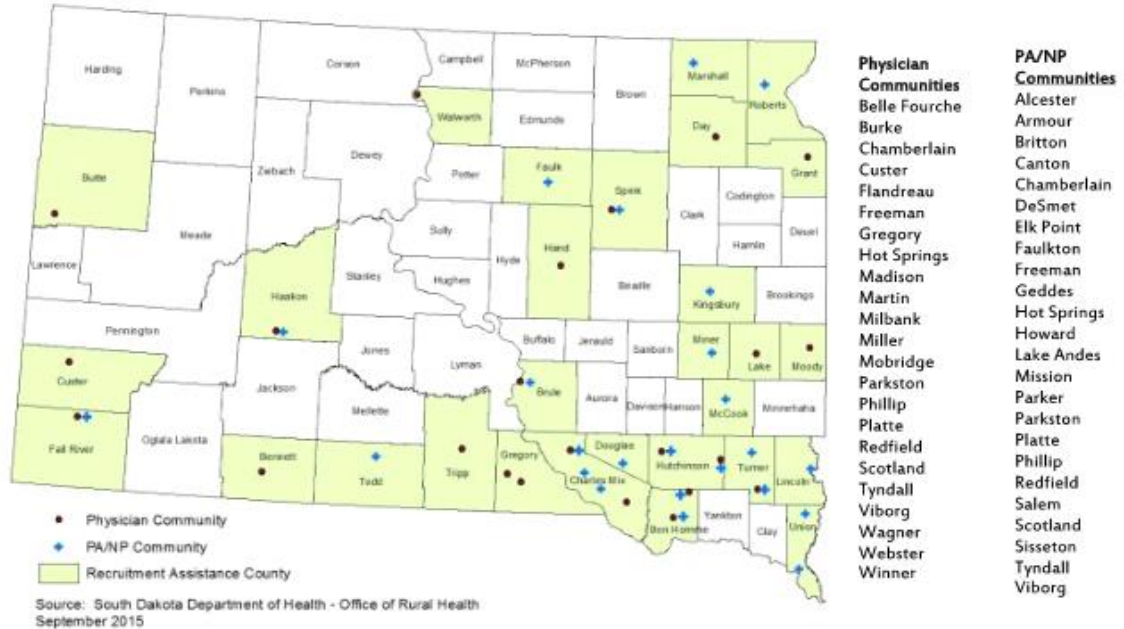
### Recommendations:

- ❖ Promote Recruitment Assistance Program and Rural Healthcare Facility Recruitment Assistance Program.
- ❖ Recognize importance of student pipeline activities.
- ❖ Partner with *Dakota Roots* to promote return of healthcare providers to South Dakota.
- ❖ Establish community promotion programming to develop “recruitable” communities.
- ❖ Develop resources to improve quality of life for rural health practitioners.

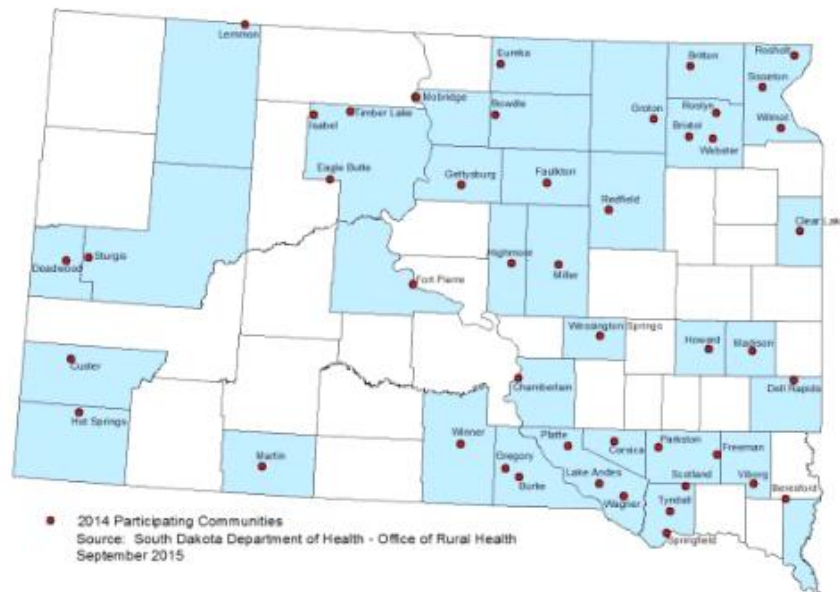
Activity	Status
Promote RHFRAP to eligible facilities and professions	All 60 slots filled in 2014; 2015 applications being accepted for waitlist.
Promote the Recruitment Assistance Program to eligible facilities and professions	9 of 15 physician slots and 15 of 15 PA/NP (5 PA/10 NP) slots under contract in FY 15.
Coordinate Scrubs Camps (one-day, hands-on health career awareness opportunities for high school students) and Camp Meds (hands-on health career learning opportunities for middle school students)	19 Scrubs Camps for 1,345 students were held in the 2014-15 schools year (up from 16 camps for 1,056 students in 2013-14). Camp Meds for 2,163 students were held in 2014-15.
The SD HOSA-Future Health Professionals student organization works to nurture and encourage health career aspirations for South Dakota students	508 SD HOSA student members in 2014-15 (17% increase from 2013-14). Over 340 members attended the annual state HOSA Leadership Conference (NLC) in April 2015 and 62 members attended the national 2015 HOSA NLC.
Work with <i>Dakota Roots</i> to encourage healthcare providers to seek employment in South Dakota	As of June 2015, 1,612 out-of-state job seekers registered with SDWORKS indicating they are seeking work in the healthcare industry.
SD State Medical Association Center for Physician Resources established to provide information/support to physicians	Activities included a clinical risk migration series (e.g., medical record documentation, protecting patient info, patient communication, etc.) (series on risk mitigation and physician employment planned for 2016); formation of ad hoc committee to review physician health/wellness issues; white paper to aid in treatment/management of patients suffering from chronic, non-cancer pain; and development of Leadership Institute to prepare physicians to lead transformation of healthcare delivery (launch in early 2016).
Provide for licensure of medical residents in South Dakota	As of August 2015, 58 resident licenses issued in 2015; 14 medical residents utilized license to moonlight in South Dakota (up from 11 in 2014).

## Key Metrics

### Communities Participating in Recruitment Assistance Programs



### Communities Participating in Rural Healthcare Facility Recruitment Assistance Program (2014)



## Innovative Primary Care Models

Strengthening the primary care infrastructure and maintaining access to quality primary healthcare services will require a cooperative effort between both public and private entities. Interprofessional collaborative practice, telehealth, and the use of hospitalists as well as PAs and NPs in the hospital setting to support rural healthcare providers were identified as key areas of focus.



### Recommendations:

- ❖ Maximize use of telehealth.
- ❖ Utilize PAs and NPs in the hospital setting to enhance patient care and reduce call hours for physicians.
- ❖ Provide assistance to rural healthcare providers with administrative functions of clinic/practice.
- ❖ Encourage public/private partnerships.

Activity	Status
Support passage of Interstate Medical Licensure Compact	SB 63 passed during the 2015 legislative session to permit South Dakota's participation in the Interstate Medical Licensure Compact which will provide for expedited licensure of eligible physicians.
Identify barriers to use of telemedicine in South Dakota	Met with the Great Plains Telehealth Resources Center, Avera Health, and Good Samaritan Society to discuss telehealth services in South Dakota and barriers to utilizing it more fully in the state. While numerous opportunities are available, no current regulatory barriers were identified. There are efforts in some states to enact funding parity laws for telehealth services.
Formed the South Dakota Interprofessional Education and Practice Collaborative (SD-IPEC) which has a triple aim focus of reducing per capita costs, improving population health, and improving the patient care experience	USD, representing the SD-IPEC, signed a Memorandum of Agreement with the National Center for Interprofessional Practice and Education in June 2015 making the partnership official. South Dakota is one of only 11 states to have formalized the relationship and is unique in that institutions of high education and health care are members of the collaborative.
Provide funds to Critical Access Hospitals (CAHs) for coding/billing education and operational/financial assessments and improvement projects	\$18,000 provided to 14 CAH hospitals for coding/billing education and \$116,366 to 12 CAHs for assessments/ improvement projects in 2015.

## Accountability and Oversight

In order to make the best use of limited resources, state policy makers need good, consistent data as well as an assurance that the state is getting adequate returns on investments made to strengthen primary care in South Dakota, particularly in rural areas. This includes a system to provide for timely, accessible, and comparable healthcare education and workforce data to help make decisions as well as a mechanism for ongoing review of Task Force recommendations to ensure continued progress.



### Recommendations:

- ❖ Develop central clearinghouse of healthcare education and workforce information.
- ❖ Establish ongoing oversight committee and report annually to Governor, Board of Regents, and Legislature.

Activity	Status
Establish system for the collection of data to measure progress in meeting the metrics established by the Task Force and Oversight Committee	DOH programs, SSOM, Family Medicine residency programs, and licensing boards reporting data for established metrics.
Establish partnership between DOH, Department of Labor & Regulation and Department of Social Services to develop a Workforce Development Quality Initiative (WDQI) to collect uniform licensure data from professional licensing boards	MOU signed and data system being tested by DOH licensing boards.
Oversight Committee met three times in 2015 – April 30 <sup>th</sup> , July 15 <sup>th</sup> , and September 30 <sup>th</sup>	Annual report provided to Governor, Board of Regents, and Legislature.

## Appendix – Performance Metrics

### Capacity of Healthcare Education Programs

- Increase the number of preceptors for medical, PA, and NP students in South Dakota

#### Physicians:

- FY 2013 (Baseline): 624 South Dakota-based preceptors
- FY 2014: 646 South Dakota-based preceptors
- FY 2015: 827 South Dakota-based preceptors

#### Physician Assistants:

- 2013 (Baseline): 105 South Dakota-based preceptors
- 2014: 131 South Dakota-based preceptors
- 2015: 173 South Dakota-based preceptors

#### Nurse Practitioners:

- 2013 (Baseline): 85 South Dakota-based preceptors
- 2014: 163 South Dakota-based preceptors
- 2015: 199 South Dakota-based preceptors

- Increase the proportion of students in primary care education programs who are from South Dakota

#### USD Sanford School of Medicine:

- Fall 2013 Entering Class: 45 South Dakota residents/13 non-residents
- Fall 2014 Entering Class: 48 South Dakota residents/8 non-residents
- Fall 2015 Entering Class: 57 South Dakota residents/11 non-residents

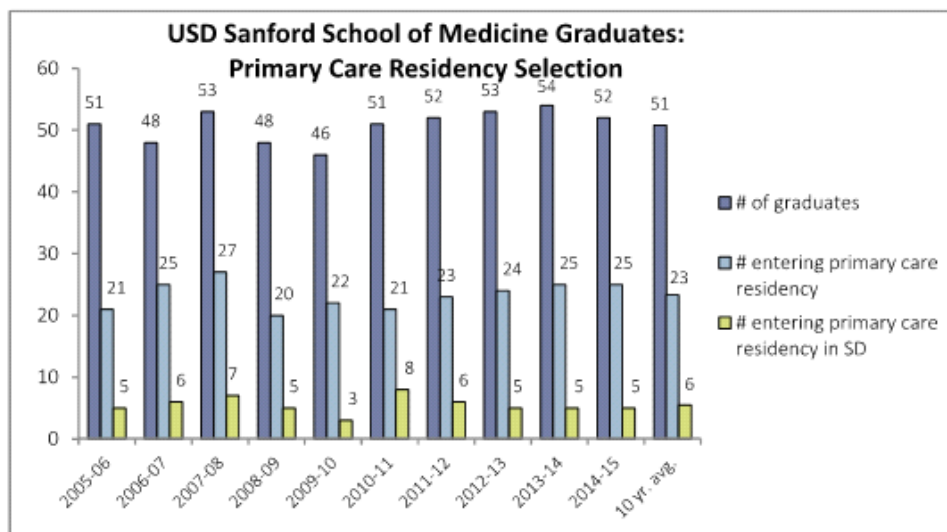
#### USD PA Program:

- Fall 2013 Entering Class: 20 residents/5 non-residents
- Fall 2014 Entering Class: 20 residents/5 non-residents
- Fall 2015 Entering Class: 20 residents/5 non-residents

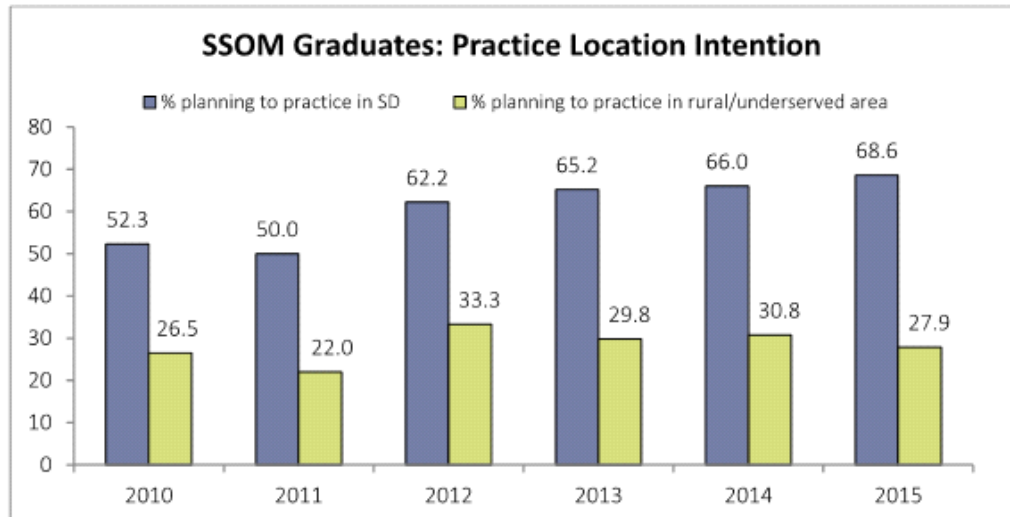
#### SDSU NP Program:

- Fall 2013 Entering Class: 16 South Dakota residents/7 non-residents
- Fall 2014 Entering Class: 26 South Dakota residents/13 non-residents
- Fall 2015 Entering Class: 34 South Dakota residents/9 non-residents

- Increase the proportion of new SSOM graduates choosing a primary care residency

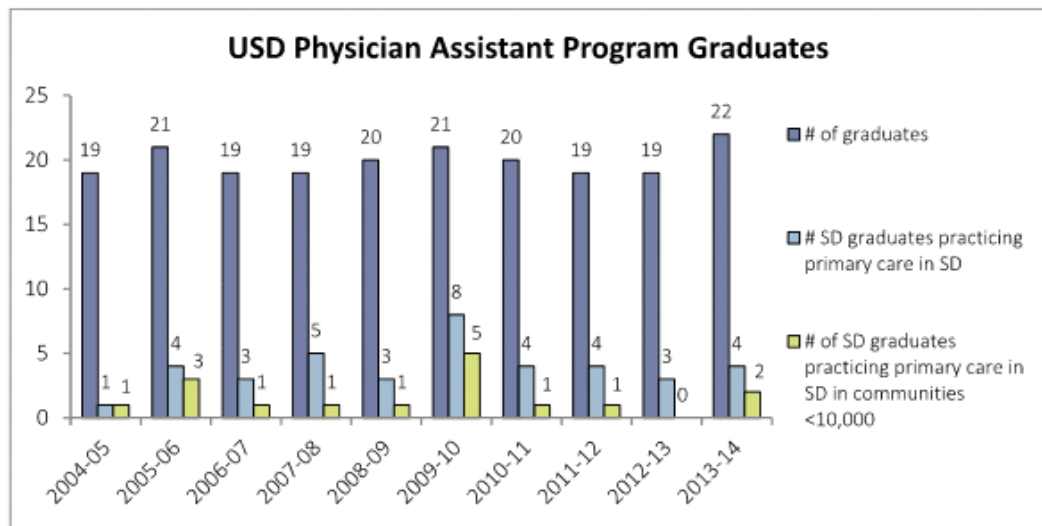


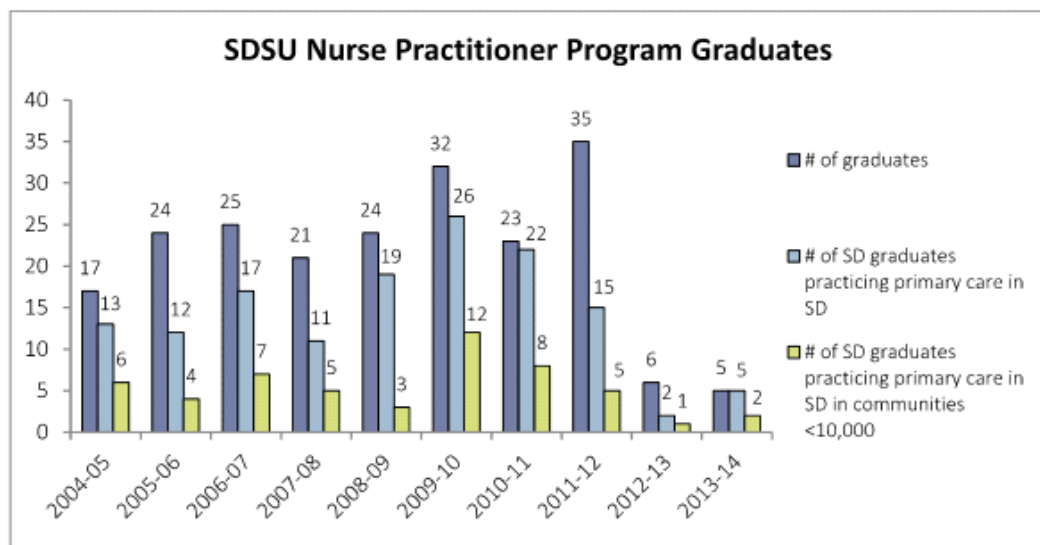
- Increase the proportion of new SSOM graduates and/or medical residents stating their intention to practice primary care in South Dakota, particularly in a rural or underserved area



Data for 2015 represents the combined proportion of those graduates answering two questions – planning to practice in a rural (<10,000) and planning to practice in underserved area. Prior years' data was based on a single question regarding intent to practice in rural or underserved area.

- Increase the number of PA and NP graduates practicing primary care in South Dakota particularly in a rural or underserved area





#### Quality Rural Health Experiences

- Increase the number of students participating in REHPS and FARM

##### REHPS:

- 2011 (Baseline): 6 students in 3 unique communities
- 2012: 12 students in 6 unique communities
- 2013: 18 students in 9 unique communities
- 2014: 21 students in 11 unique communities
- 2015: 30 students in 15 unique communities

##### FARM:

- 2013 (Baseline): 9 applicants for 6 slots in 5 communities (in communities beginning July 2014)
- 2014: 6 applicants for 6 slots in 5 communities (in communities beginning February 2015)
- 2015: 8 applicants for 7 slots in 6 communities (Vermillion will start in 2016)

- Increase the number of FARM students choosing primary care residency
  - The first cohort of FARM students will match to residency programs in March 2016.
- Increase the number of REHPS/FARM students ultimately practicing primary care in South Dakota, particularly in a rural area

##### REHPS:

Graduation Date	# of Graduates	# Practicing In SD	# Practicing in Rural SD	# Completing Residency
2011	5	4	1	1
2012	8	7	4	4
2013	9	8	3	3
2014	3	3	0	
2015	5	3	0	
Total	30	25	8	8

##### FARM: Placement data will not be available until 2016

- Extend medical resident experiences in rural communities/areas and reservations

Baseline: Data not yet available

### ***Recruitment and Retention***

- Increase the number of practitioners participating in community and recruitment assistance programs

#### **Rural Healthcare Facility Recruitment Assistance Program:**

- FY 2012 (Baseline): All 60 slots filled representing 8 different professions (RN/LPN, dietitian, medical laboratory, paramedic, pharmacist, physical therapist, and radiologic technician)
- FY 2013: All 60 slots filled representing 9 different professions (RN/LPN, dietitian, medical laboratory, paramedic, pharmacist, physical therapist, respiratory therapist, and radiologic technician)
- FY 2014: All 60 slots filled representing 9 different professions (RN/LPN, dietitian, medical laboratory, paramedic, pharmacist, physical therapist, respiratory therapist, radiologic technician, and occupational therapist)

#### **Recruitment Assistance Program:**

- FY 2013 (Baseline): 5 physicians, 2 PAs, and 3 NPs under contract
- FY 2014: 8 physicians, 4 PAs, and 6 NPs under contract
- FY 2015: 9 physicians, 5 PAs, and 10 NPs under contract

- Increase the number of rural facilities utilizing the Rural Healthcare Facility Recruitment Assistance Program (RHFRAP)

- FY 2012 (Baseline): 36 communities participated
- FY 2013: 45 communities participated
- FY 2014: 46 communities participated

- Increase the percentage of incentive program participants remaining at practice site upon completion of commitment

#### **Physicians:**

- FY 2013 (Baseline): Since 1997, 23 physicians have fulfilled their commitment and 14 (59%) are still practicing in the original community.
- FY 2014: Since 1997, 25 physicians have fulfilled their commitment and 14 (56%) are still practicing in the original community.
- FY 2015: Since 1997, 27 physicians have fulfilled their commitment and 15 (56%) are still practicing in their original community.

#### **Physician Assistants/Nurse Practitioners:**

- FY 2013 (Baseline): Since 1996, 5 PAs/NPs have fulfilled their commitment and all 5 are still practicing in their original community.
- FY 2014: Since 1996, 5 PAs/NPs have fulfilled their commitment and all 5 are still practicing in their original community.
- FY 2015: Since 1996, 6 PAs/NPs have fulfilled their commitment and all 6 are still practicing in their original community.

- Increase the number of SSOM students in out-of-state residency programs who return to South Dakota to practice, particularly primary care in a rural area

**Baseline:** Data source not yet identified

### ***Innovative Primary Care Models***

- Increase retention of existing primary care providers in rural areas of South Dakota

**Baseline:** Data source not yet identified

- Increase use of technology and interprofessional collaborations in rural areas to support healthcare providers

**Baseline:** Data source not yet identified

### ***Accountability and Oversight***

- Clearinghouse established within DOH to provide South Dakota healthcare workforce demographic and employment information

**Baseline:** Healthcare workforce data collection efforts will be incorporated into a Workforce Development Quality Initiative (WDQI) effort led by DLR. The DOH has a signed MOU in place with DLR for the data collection system. The next phase of this effort will be for DLR to begin accepting data from participating licensing boards.

- Oversight committee established under the direction of the Governor

**Baseline:** The Primary Care Oversight Committee met three times in 2015 to monitor implementation of Task Force recommendations

- Annual progress report provided by oversight committee to Governor, Board of Regents, and Legislature by November 1st of each year

**Baseline:** Annual report submitted November 2015